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DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

LECTURE XI.

GENTLEMEN,—The state of the skin, either taken by itself, or combined with that of the pulse, respiration and tongue, affords us much immediate information in respect to the condition of the general system as affected by disease, and yet very little comparatively as to the locality of the disease, or its precise character. By continued experience we learn to rely, almost instinctively, very much upon the state of the skin, as indicating the extent to which the powers of recovery have been reduced by the exhaustive processes of disease, and the amount of those powers which remain. No doubt the expression of the countenance, and, we may add, of the hand also, contribute to this information, and the amount of it acquired by a very rapid survey is sometimes astonishingly great and accurate. Often a single glance, or a single touch, is sufficient to satisfy us that a patient is better or worse, is reviving or sinking, from the power we have acquired by habit of appreciating the inference to be drawn from the color of the skin, its temperature, its transparency, its circulation, its degree of mellowness or elasticity. The state of the respiration, pulse and tongue, though valuable as affording symptoms suggesting treatment, are not often the points to which treatment is primarily directed, whilst that of the skin is not only suggestive of the treatment required, but is itself the organ through which it is made to influence the diseased condition which exists.

The close connection between the state of the skin and the internal organs, their extensive sympathy and their intimate reciprocal influence, is one of the most universally recognized facts of disease, and has always been largely resorted to as a guide in practice. This is shown by the universal employment of applications to the skin in all systems of practice, in the form of baths of various kinds, of poultices, embrocations, rubefacients, &c. &c., as well as of means directly altering the texture of the organ, as blisters, issues, setons, &c. Such applications, whether general or local, whether they act upon the system as a whole, or upon the condition of some particular

organ, always depend for their efficacy on the same principle of reciprocal influence. The distinctly beneficial effects of water as employed in the system of treatment called hydropathy, can hardly be questioned; though undoubtedly these effects have been much exaggerated by the apostles of this treatment as well as by its subjects. Neither is it to be doubted that the treatment has been applied with too little discrimination, and sometimes been carried to an injurious excess. Yet there is ample reason to believe that it has been of great advantage by relieving many of the symptoms and sufferings of disease, and thus, though it may not carry off the disease itself, contributing indirectly, like so many other remedies, to actual recovery. Especially the practice of "packing,"* by which the whole organ is at first excited by a general impression of cold, though with very little positive loss of heat, and then kept in a warm, soft and supple state, whilst at the same time its excretion is increased and probably also modified, appears to promote a natural and comfortable condition of the internal organs, in consequence of which their functions are rendered more natural, and their efforts to resume the healthy state are aided.

Besides this general relation between the skin and the internal organs, we find, also, a more special relation between the skin of particular parts and the organs which lie directly beneath them. This may sometimes depend upon the mere communication of temperature, as of cold or heat, applied externally, but this explanation will by no means cover all the cases in question. Obviously there is a connection between the vital condition of the parts, in consequence of which that of the one is influenced by that of the other. Instances of this are daily found in practice, and indeed so frequently as to need little illustration. The most common of them are the relief of pain internally by the application of heat and cold, and by the production of pain externally—of inflammation, spasm, or other affection of some internal organ, by local bloodletting over it in cases where there is none but the most remote connection by the vessels or nerves of the parts; and the relief, also, of internal affections by the production of actual disease in the skin, as by blisters, rubefacients, sinapisms, &c. &c. The universality of such applications from time immemorial, and their employment in all modes of practice, by all classes of practitioners, uninfluenced, like most other remedies, by changes of fashion, is a sure testimony to their efficiency as means of relief, as well as of their safety, though, like all other

* The following case furnishes an example of the effect which the process of packing is capable of having in alleviating the symptoms of an acute disease. A boy of 18 months old had a distinct pneumonia of great severity, on the fifth day after measles, the constitutional symptoms, as indicated by the pulse, respiration and skin, being quite out of proportion to the local. On the sixth day, in the evening, there was great distress in breathing, great heat and restlessness, with a pulse of 184 and respiration of 80. The aspect of the patient was such that dissolution seemed imminent. He was placed in a cold wet sheet, and was then wrapped in a couple of blankets. In a very short time the breathing became easier, the pulse fell to 156, and there was an entire change in his aspect. The constant tossing and moaning ceased, and he soon fell into a quiet sleep and passed a comparatively comfortable night. Five nights afterwards, although after the packing he had for a time continued more comfortable, there was a renewed aggravation of all the symptoms. The pulse rose to 190 and the respiration to 120. The wet sheet produced the same effect as before, and the next morning the pulse had fallen to 156 and the respiration to 96. He was easier through the day, and in the evening the pulse was 132 and the respiration 88. From this time he gradually recovered.

remedies, they have been carried to injurious excess, as has been particularly the case with blisters. It is to be remarked of remedies applied within judicious limits to the skin, that whatever useful purpose is brought about by them is effected without the direct disturbance or irritation of the important organs within. Whatever can be done through the skin, instead of the stomach and bowels, is so much clearly gained by the patient. If, for instance, the pain of spasm, or a fit of colic, can be controlled by external heat instead of opium, we get rid of those secondary effects which so often follow its use, such as nausea, vomiting, headache, loss of appetite and indigestion. The same is in a measure true of many other remedies. With the present tendency to non-interference in practice, the value of remedies of this kind, as compared with those internally administered, has been somewhat underrated. It is certainly a gain to the patient if he can relieve a pain, an inflammation, or any internal disturbance of function, by a blister, instead of a bleeding, an emetic, an opiate, or a cathartic. To a great many, the former would be the less disagreeable alternative.

But applications to the skin, especially when they go so far as to produce actual disease, such as blisters, are not to be indiscriminately applied. Regard is to be had to the constitution of the patient, the period of disease, its character, the state of the circulation, and many other particulars. There are some persons of such a peculiar susceptibility of the skin to irritation, and of such extensive sympathies with injury of the organ, that they are always injured by blisters. They are made faint, and rendered nervous and sleepless, are not relieved by their action, but are exhausted; and even the digestive organs seriously disturbed. In low and feeble states of the circulation, in the advanced stages of acute disease, and in some persons always in acute disease, blisters heal slowly and with difficulty, and leave behind them a painful and irritable sore. In the exanthematous diseases, especially in measles and scarlatina, the skin is left in a condition particularly liable to this result, and this may continue for some time after the eruption has gone. The restorative power is imperfect, and inflammation, ulceration, and sometimes sloughing, may follow. Blisters are not so well borne by the very old or the very young. In the old there is a want of the restorative power to heal them; and in the young the tenderness of the texture of their parts causes them to be more deeply injured by the vesications, and secondary effects are produced, resembling those of burns and scalds. Severe blisters seem sometimes to actually aggravate, in young children, the disease for which they are applied, and, instead of relieving, appear to add a new source of irritation to the original one. When applied to children, then, the surface of a blister should be small and the time of application short—for after its removal, although no effect has apparently been produced, it will by and by make its appearance, and sufficient vesication take place.

The spontaneous rest of a diseased organ is a prominent point in the natural effort of recovery. This exhibits itself in a variety of ways, both physiologically and mechanically. It is shown in the suspension or diminution of the function of the organ, and also in the instinctive avoidance of such movements as are not indispensable to this function. Thus the appetite and digestion are diminished, and only such nutriment is demanded and assimilated as is immediately necessary to the diminished wants of the system. Inflamed parts are intuitively withdrawn from activity, not only independently of any effort of the will, but even without any cognizance of the phenomenon on the part of the patient. Thus when one side of the lungs is inflamed, the respiratory movements of that side of the chest are diminished; where there is inflammation within the abdomen, the motions of the diaphragm are suspended or limited, so that the affected organs may be suffered to remain in a state of quiet. The patient often voluntarily counteracts this salutary tendency by calling into injurious activity organs for which nature demands repose. Thus food is forced upon the stomach against the remonstrance of the appetite, with the fallacious idea that it will give strength, and the mind taxed by noise, conversation and occupation, when the instincts of the system positively demand repose.

A regard to position is a measure of the same nature. By raising an inflamed foot or hand, we not only rest it, but modify in some degree its circulation. The blood is sent to it with less force, and is returned from it against a less resistance; hence the circulation is carried on with greater freedom and with less exhaustion. In diarrhoea and dysentery the organs concerned are rested by the avoidance of solid food, and by the recumbent position. A change from this position, as by rising on end or getting out of bed, will be followed by a recurrence of pain and discharges. In an inflamed stomach, turning from side to side will sometimes produce nausea and vomiting; in affections of the uterus, change of posture or position will bring on uterine pains or flowing of blood. In cough, a paroxysm of coughing is often produced by a change of position, as on rising from bed in the morning; whilst in asthma and diseased heart, the influence of position on the phenomena of the case are sufficiently familiar. In affections of the brain, how much the production of faintness and dizziness depends upon the erect posture, especially when the circulation is feeble! In cases of extreme prostration from large hæmorrhages, the system is very easily affected by small muscular efforts; insomuch that a slight departure from perfect rest or from a perfectly horizontal position, as by merely throwing the arms about, may be followed by an alarming syncope, whilst raising the lower extremities or placing the whole trunk on a reversed inclined plane produces a sensible effort at relief. In such cases, when the total amount of blood has been so reduced as not to leave enough for the necessities of all the organs, it is obvious how important it must be that those at least which are most imme-

diate to life, especially the brain, should receive a full share of it, even if others receive less than their share. Hence, raising the lower part of the trunk and extremities, and even bandaging the lower extremities, by throwing a larger supply of blood upon the nobler organs, may serve to turn the scale in extreme cases in favor of life, and preserve it till the system has had time to accommodate itself to the diminished quantity of blood. Where the quantity of blood has been greatly diminished by exhausting disease, as in typhoid fever or phthisis, the same regard is to be paid to position and posture. Headache, vertigo, faintness, syncope, nausea and vomiting, are often occasioned by assuming suddenly the erect attitude and thus diminishing the supply of blood to the brain, and death even has taken place from no other obvious cause.

These are familiar examples of phenomena connected with changes of position. In fact, a great many of the movements of the sick are simply exhibitions of this change, instinctively made for the purpose of resting particular organs, rendering easier the performance of particular functions, or of relieving the uneasiness occasioned in the limbs, the trunk, the chest or the head, by a too long and unvaried posture. A great variety of positions are thus unconsciously assumed, apparently inconsistent with ease and comfort, and which would be so under ordinary circumstances. But they are brought about by the inner principle under whose guidance they are, because they produce changes in the circulation, the respiration, the mechanical relations of parts to each, which under the peculiar relations of the case afford temporary ease, or place the diseased organs under a more favorable condition for performing their functions or carrying on those processes that are necessary to recovery.

These points of treatment, so far, relate chiefly to acute diseases. Though in a less degree, they are also to be regarded in chronic. In many cases complete rest from the function as well as the mechanical motions of the diseased organ is an important element of treatment, as in diseases of the joints and limbs, of the eyes, and in affections of the digestive organs and of the womb. But in applying rest as a remedy in chronic diseases, we are carefully to distinguish the precise purpose that rest is to accomplish, and not enjoin it indiscriminately or carry it too far. Thus, complete horizontal rest may be beneficial in irritable uterus to a certain extent, but if indiscriminately employed, although it may palliate some of the bad symptoms, it may more than counterbalance this advantage by impairing the condition of the general health. Rest from food and excessive abstinence from their use may in the same way be carried too far in disorders of the stomach and eyes. There is a point beyond which the mechanical rest, or the suspension of the function of an organ, actually impairs its powers of recovery, and although it is difficult to determine this point exactly, yet every physician has experienced cases where a change in a diseased limb from rest to motion—in a disordered stomach, from a low and spare to a more generous and

free diet, and in a disordered uterus the restoration of the natural function of the sexes which has been suspended—have been at once followed by distinct improvement.

Exercise, then, which is the opposite condition of rest, is not less an agent of which we are to avail ourselves. In general, the natural exercise of the function of any organ is necessary to its healthy condition, and an unnatural abstinence from that function is likely to be followed by an impaired condition of the organ. But this general principle, as has been seen, requires to be modified to an almost indefinite degree in the management of diseases. Thus it may be desirable to combine the exercise of some organs with the rest of others, where this is practicable. As in hæmoptysis, and many other chronic affections of the chest, certain exercises of the chest may be injurious—such as sewing, sweeping, lifting, straining or running—whilst the exercise, even violent, of other parts may be beneficial, as in walking, riding, sailing, and, with due precaution, even rowing.

The mode, kind and degree of exercise must vary with the seat and nature of the disease, and also with the constitution, the habits and the previous occupation of the patient. The mode of employing exercise as a remedy is probably better understood, and its value more justly appreciated, than many of the other methods of restoring or preserving health. Yet how imperfectly do mankind avail themselves of it! It is only necessary to remark, that both in sickness and in health, with the exception of those classes whose occupation consists in muscular exertion, but a small proportion of mankind accustom themselves to a sufficient amount or to the best kind of exercise, nor under proper circumstances. Fatigue is not necessarily exercise, nor does the monotonous motion of a mechanical occupation take its place. No voluntary motions can answer fully the physiological purpose of exercise which is not taken in the open, or at least in a free air. A man of sedentary city occupation requires active and vigorous motion in the country when resorted to as a remedy. But one would hardly prescribe the same to the farmer or the wood-cutter. The passive exercise of riding or sailing would be better suited to their necessities. The whole character of a case is to be studied in this aspect, and also the whole character and mode of life of the individual. Those modes of exercise are to be selected which will not injuriously affect the diseased part, but will call out the natural activity of those organs, which, from the mode of life and habits of the patient, are likely to be deficient.

M. Personne, chief apothecary of the Pitié, has just written a little work on the relative value of iodized oil and cod-liver oil in the treatment of scrofulous and other cachectic maladies. His facts are well supported by proper names of most respectable authority. The cod henceforward will have little else to do than hide his diminished liver.—*Lancet*.

ON THE SEPARATION OF CHANCRE FROM SYPHILIS.

BY PROF. ZEISSEL, OF VIENNA.*

[Translated from the Allgemeine Wiener Medizinische Zeitung, January, 1862, for the Boston Medical and Surgical Journal, by JAMES C. WHITE, M.D.]

* * * * * It will appear to every one, that, if the chancre poison and the syphilitic poison are really two different matters, they must show themselves distinct in their effect upon the human organism. The effect of the chancre poison must be different from that of the syphilitic poison. That this is really the case, has been proved partly by accident, partly by experiments undertaken purposely by distinguished men of science. It occurred to Danielssen of Bergen, namely in 1853, to syphilize patients afflicted with *spedalskhed* (*lepra græcorum*), with a view, in case it should succeed, of producing syphilis upon the leprous, so that possibly the syphilitic diathesis might act upon the *lepra dyscrasy* in such a manner as to bring it into some relation of affinity, and thus render it curable. Guided by this idea he inoculated four leprous persons on the 18th of April, 1853, with chancre virus, and made in each case three different points of insertion, all of which developed into deep-seated, highly painful chancres, healing during the seventh week, and leaving behind them brown scars. Danielssen waited now for the secondary phenomena, but years passed without the appearance of a single symptom of constitutional syphilis in any of the individuals.

In his work on syphilization Danielssen states, moreover, that he performed a methodical syphilization upon not less than twenty-three lepers who had never had syphilis; upon twenty-two of whom 12,704 inoculations in all were attempted, which yielded 8,277 characteristic chancre pustules. With all of them syphilization was continued several months; in some cases ten or eleven months, and in one even a year. They all had, therefore, uninterruptedly, for many months, a greater or less number of suppurating chancres, and yet not a single one of them, either then or subsequently, was affected with constitutional syphilis. What, then, was the explanation of this, certainly *a priori*, strange circumstance? Danielssen himself gives it, inasmuch as he states, that the matter for all these inoculations was, without exception, taken from simple, that is, soft chancres.

From this it appears to follow conclusively that a simple chancre, transferred to another individual, produces upon such only local symptoms. It may be thought, says Danielssen, that the leprous are either not at all, or only with difficulty, attacked by constitutional syphilis. This supposition, which is entirely opposed to daily observation, Danielssen refutes by the following case.

A leprous man, 30 years old, who had never had syphilis, was inoculated with chancre virus for five months on account of *spedalsk-*

* Prof. Zeissel is no transcendentalist, but a thorough student and observer. The whole of the present article is too long for publication.

hed. During this time, 278 chancre pustules were produced upon him, and without any sign of constitutional syphilis. Then inoculation with matter taken from a so-called infecting chancre was attempted upon the same individual. The ulcers resulting from the operation completely cicatrized within four weeks, but fourteen days afterwards one of the scars upon the right thigh broke out afresh, and was converted into a somewhat larger ulcer with a hard base, accompanied by a painless swelling of the inguinal glands. At the end of a month this ulcer healed again, with an indurated cicatrix, and ten weeks after the inoculation of the infecting chancre the ordinary external symptoms of constitutional syphilis appeared.

This case affords us a very instructive example of the propagation of the soft and the infecting chancre, each after its own way, and of the impossibility of ascribing general infection to a special disposition or to dietetic and other conditions; for the abovementioned individual was subjected under precisely the same external circumstances at first, to a thorough and long-continued action of chancre virus, without the slightest trace of syphilitic infection; but scarcely was matter from an infecting chancre inoculated, when an entirely normal constitutional syphilis developed itself.

Similar results have been obtained in cases of other skin diseases and narrated by Danielssen, and Prof. Hassing, of Copenhagen, as well as by Rinecker in Würzburg, and Bärensprung in Berlin.

These facts, so extremely important in the study of syphilis, induced my respected teacher, Prof. Hebra, to institute similar investigations upon incurable patients, who had spent the greatest part of their life, with short interruptions, in the skin wards.

After the programme for these inquiries into nature had been laid down, Prof. Hebra entrusted the performance of the experiments in inoculation to an energetic young physician, the operator Dr. Rozner, and from the middle of December, 1861, up to the present time, the following results have been obtained. On the 12th Dec., a nurse and a man aged 50, the latter of whom was suffering from excessive prurigo, were inoculated in two places upon the right upper arm with the secretion of a moist papule situated upon the breast of the former. While the inoculation remained without effect upon the nurse, there showed themselves upon the pruriginous patient as early as Dec. 28th, papulous elevations, which were slightly painful when touched. On Jan. 1st, there appeared upon both the papules a slight exfoliation and exudation of adhesive pus, which gradually dried up into a crust by the 8th, and ten or twelve days afterwards fell off, exposing to view a shiny, red induration of the size of a dime. On the 8th, he was inoculated again, but upon the left arm, with the secretion of the moist papule of the first patient, but, as was anticipated, without result. On Jan. 25th, the axillary glands of both sides, which had hitherto shown no signs of enlargement, became painfully swollen.

Furthermore, two inoculations were made upon the right arm of

a girl, R. J., from a chancre situated upon her left thigh, and matter from this chancre of the second generation was inserted at two points into the right arm of a nurse affected with *roseola syphilitica*. The inoculation succeeded also upon this person, already impregnated with syphilis, and within thirty-six hours a characteristic chancre pustule appeared. From this syphilitic nurse (W. A.), now possessing also two chancres, a non-syphilitic person affected with lupus was inoculated, but with all possible care that pus alone from the chancre, and no blood of its syphilitic owner, should be transferred. These inoculations also took at both points of insertion, and within forty-eight hours characteristic chancre pustules were developed.

These experiments agree fully with those performed by Waller, of Prag, in 1850, upon non-syphilitic individuals, with syphilitic blood and syphilitic chancre secretion, at a time when the transferability of constitutional syphilis was denied by Ricord and his school. The persons operated upon by Waller presented, four weeks after inoculation, hard nodules at the points of insertion, and in the course of two months signs of general syphilis developed themselves upon the rest of the body.

We also had opportunity of observing cases perfectly in accordance with Waller's results, but from among them we will select one especially, inasmuch as it concerned a young colleague well known to many physicians of Vienna.

The young physician referred to, went to Venice on account of tuberculosis of the lungs. While there he treated a soldier for a very suspicious ulcer situated upon the lower lip. In order to determine whether it was really a chancre or not, and not being aware of the possibility of the transference of constitutional syphilis, he inoculated himself upon the left fore-arm with the secretion from the ulcer in question, but as no result (no chancre pustule) was manifest at the end of a few days, he was convinced that the ulcer was not malignant. Three weeks afterwards, however, there appeared at the point of insertion a pale, brownish-red, hard-feeling nodule as large as a lentil, and the cubital glands of the same arm became appreciably swollen. Astonished at this, to him, inexplicable accident, the imprudent experimenter applied to me for advice, and I gave him the sad answer that he must soon expect an eruption of constitutional syphilis, inasmuch as he had inoculated himself with the poison of a constitutionally syphilitic person; and so in fact it turned out, for in a short time he was attacked by a papular form of the disease.

Let us suppose now such a hard-feeling, papulous elevation situated upon the genitals, and substitute for the swollen cubital glands here mentioned, an inguinal gland affected in the same manner, then no one educated in the school of Ricord would hesitate, in connection with the accompanying indolent glandular enlargement, to call this hard papule a Hunterian chancre, and especially so when it is

considered that such papulous elevations are always much larger upon the genitals and similar parts, which are of a spongy texture.

We therefore are of the opinion, that everything, which is called Hunterian induration, is not necessarily the result of a chancre infection. The induration by itself is not an appearance belonging to the chancre as such. The specific induration is a complication of the chancre, but not a pathognomonic element of the same. Induration is produced by the inoculation of syphilitic virus, whereas a chancre is produced only by a chancre. We conclude, therefore, that there is no indurated chancre as such. There do not exist accordingly two kinds of chancre really distinct from each other, but only soft chancres, which possess a greater or less capability of destruction (phagedenic and superficial chancres), but which can never endanger the blood unless complicated themselves in some way with syphilis.

We can, therefore, only speak of a hard chancre, when one is situated upon a Hunterian induration, a thickening of the cellular tissue caused by hyperinosis, which we regard as the constant result of infection produced by syphilis. There is no mixed chancre; it is only a chancre with its base thickened under the influence of syphilitic virus. As this thickening of the tissues is a constant pathognomonic peculiarity of any part infected with syphilis, but not at all so of chancre, so the ulceration of the chancre is just as little a necessary attribute of syphilitic induration as this latter is of chancre. They have only a common seat, and both processes are affected in their own way. This seat is, in the case of the so-called hard chancre, the indurated tissue produced by constitutional syphilis, and appearing in the form of a nodule or node. If the chancre infection and syphilitic infection take place at the same time and at the same point, the chancre may remain soft, until the syphilitic virus taken up at the same place develops its activity, and makes itself known by the induration in question. The hardness which appears beneath the chancre is therefore the consequence of the syphilitic poison absorbed, and is not the result of chancre poison, which produces only local effects, viz., ulcerative destruction of the tissues at the point of its reception, and an affection of the neighboring lymph-glands, leading, as a rule, to suppuration 35-40 times in a hundred cases. If the syphilitic infection takes place before that of the chancre, then the latter may be formed upon the induration already in the process of development. In both cases we have to do with chancres holding a borrowed seat.

The syphilitic induration differs essentially from the chancre. Chancre poison always produces within a few days a greater or less destruction of the affected tissue. The nodule produced by infection is formed only after weeks, remains unbroken for a still longer time, becomes, however—according to the locality, in some places earlier, in some later—robbed of its protective epidermis, or epithelium, if it affects the mucous membrane, and in this way, in case no

complication with chancre occurs, the amorphous exudation of the nodule becomes visible as a raw red mass. This suppurates, and the pus dries upon undisturbed places, not exposed to moisture or friction, into a thin crust, which sooner or later falls off, whereupon a disk-shaped, slightly-arched, cartilaginous-feeling, papulous elevation appears, of a dark-red color, and covered with a varnish-like gloss. In the centre of this disk the point of insertion remains visible for six weeks even after inoculation has taken place. In case the centre of infection is situated upon a part, which either by physiological or pathological secretion is kept continually moist, as, for instance, upon mucous membranes, or surfaces like the præputium or labia pudenda, then the nodule, when about to break down, takes on a diphtheritic appearance, and might be very easily regarded as a papula humida (flat condyloma). This circumstance explains why the moist papule has caused those who have hitherto written upon syphilis so much difficulty in regard to its classification, because some considered it synonymous with chancre (primary syphilis), while others looked upon it as a symptom of consecutive or hereditary syphilis.

When Rollet observes that a hard chancre is always produced upon a person who is infected by another who is syphilitic, he evidently selects for the morbid process upon the newly-infected individual a false title. That, which he calls a hard chancre, is a hard syphilitic nodule, and as such is in no way inoculable in the sense which chancre is; but produces, when inoculated with its diphtheritic exudation, or with a drop of blood from the same upon a non-syphilitic individual, a similar induration of the tissues in the course of about three weeks. In case, however, that a chancre is developed upon the nodule by inoculation from a chancre, then a transference of its secretion will produce merely a chancre upon the bearer, whereas upon a hitherto non-syphilitic person it may produce both chancre and syphilis, if together with the chancre secretion blood be also taken from the nodule lying beneath it.

From what has been stated, then, it may be seen that we do not recognize a double chancre virus, nor, accordingly, two chancre ulcers essentially distinct from each other. We know only chancres with greater or less capability of destruction, and with smaller or larger amount of diphtheritic exudation. All chancres produce one and the same virus. The pus of a chancre causes local disturbances only, and when re-absorbed merely excites in the nearest lying lymph-glands an inflammatory or suppurative process. Constitutional syphilis, however, is never produced by the absorption of pus from a chancre, unless at the same time syphilitic blood or some syphilitic secretion is mixed with it.

We recognize, farther, no hard chancre, but only syphilitic indurations of the tissues upon which chancres are accustomed to be seated. Where this combination does not take place, the base and surrounding portion of a chancre remain always soft, and can at

most, after long standing, undergo a *similar* sclerosis in their vicinity to that which we are accustomed to find in other ulcers, those, namely, of a scrofulous and varicose nature upon the feet, but never that peculiar cartilaginous hardness, such as occurs in the specific Hunterian induration of the tissues.

A Hunterian induration, bearing upon its surface a chancre, is the result of a double infection, or of the reception of two poisons—the chancre virus and the syphilitic virus; both of which poisons may, as is most frequently the case, be taken up simultaneously at the same coitus, or one after the other. Both go on generating themselves in their own way; chancre poison reproduces chancre poison, and syphilitic contagion engenders, in turn, a blood impregnated with syphilitic contagion.

We recognize, accordingly, no chancre syphilis, no primary and secondary syphilis. The Hunterian induration may, perhaps, be looked upon as the first development of syphilis, but not, however, in the sense of the earlier teachers as a primary symptom, the virus of which is by absorption converted into the so-called secondary syphilitic virus.

All questions and observations which have been raised concerning the inoculability of the so-called hard chancre are to us of easy answer, for as there is no hard chancre, inoculation from the same is out of the question. That which is taken from a so-called hard chancre is always the secretion of a chancre situated upon a borrowed, indurated base, and is just as inoculable as the secretion of the same ulcers seated upon normal tissue.

If we have the induration alone, then, in case it suppurates, its purulent secretion or blood, if transferred to another non-syphilitic person, will certainly reproduce induration and syphilis, whereas upon the possessor of the induration, or upon another already affected with syphilis, inoculation is without effect. If, however, we inoculate a healthy individual, susceptible to both contagions, with matter from a chancre seated upon an induration, we can produce upon him two diseases by a single insertion—viz., chancre and syphilitic induration; while upon an already syphilitic person the effect of the chancre poison only is developed, so that from the same source we cause to exist upon the former a so-called hard chancre (Clerc), and upon the latter, the syphilitic, simply a soft ulcer.

We can accordingly speak of chancre syphilis only when we mean to express that syphilitic poison is mingled with the chancre virus, and in this sense it follows that we are obliged to speak also of a gonorrhœa syphilis, because syphilis can in the same way mingle itself with gonorrhœal secretion and form in the urethra a point of infection. Since this, however, would lead to endless confusion, it is necessary to entirely separate chancre as well as gonorrhœa from syphilis. Chancre as well as gonorrhœa may occur upon the same person in juxtaposition with syphilis, and in this way indeed be the mediate cause of syphilis. Chancre and gonorrhœa contagion

can occasion syphilis only in the same way as vaccination, which is an entirely heterogeneous matter, produces syphilis, when the vaccine lymph is mingled with syphilitic blood.

If, then, we divide venereal diseases into groups, we have three, viz.:—1. Gonorrhœa. 2. Chancre. 3. Syphilis.

All three of these groups of disease arise from contagions, which are essentially different from each other. The gonorrhœal and chancre contagions display their activity in a few hours or days, whereas the syphilitic poison exhibits its first perceptible manifestation only after three or four weeks; that is, it has a period of incubation, or latency, analogous to the poison of rabies canina.

The first local morbid alterations which are produced by syphilitic infection always show themselves at the point where the virus has entered, and, in case the imbibition has taken place without the intermixture of chancre poison, there arises, at the end of three or four weeks, upon the infected spot, a smaller or larger nodule, which gradually exfoliates and runs the course already described. The well-known indolent swelling of the glands, which accompanies the Hunterian induration, appears generally in the sixth week after infection. * * * * *

We will not, as Ricord once did, pronounce the patient free from the danger of a so-called secondary syphilis in case no induration follows a chancre in five or six days, for it may take place later, and even first show itself upon the cicatrix of the chancre.

See also a very interesting article entitled "*Ueber die Trennung des Schankers von der Syphilis*," by Dr. Reder, of Vienna, in the *Medizinische Jahrbücher*, Heft I., 1862.

Army Medical Intelligence.

We are kindly permitted by the Surgeon-General to print the following extracts from letters recently received.

To the Surgeon-General. { ACADEMY HOSPITAL, NEWBURN, N. C.,
April 25th, 1862.

DEAR SIR,—The 23d regiment has suffered a good deal from sickness, but we are now improving. A week ago, we had three houses filled with patients, besides twenty or more in General Hospital. In the last three days I have sent fifty back to camp, convalescent. I am still in charge of the Academy Hospital and its branches. Two wards are yet filled with wounded. Dr. Upham, and Dr. Newton, 10th Conn., visit the fever patients, who are apart, and I take the surgical wards. Dr. Clark has a hospital of his own, for the sick negroes. We all four, however, quarter in the same house.

Dr. Stone is in charge of the sick of the 23d, and most faithfully and judiciously is he doing his whole duty. I am now able to assist and relieve him a good deal, since so many of the wounded are sent North. The surgeon's duty at camp is now performed by Dr. Em-

erton, a corporal in the Salem company. He is a physician, and very useful in this exigency.

Truly yours,

G. DERBY, *Surg. 23d Reg't Mass. Vols.*

To the Surgeon-General.

NEWBERN, April 26th, 1862.

DEAR SIR,—It was my intention to have written you a full account of the Newbern battle, but various circumstances prevented. The number we then lost was 10 killed and 43 wounded. The latter number might have been somewhat increased, as there were some so slightly wounded that I took no record of their cases. It seemed hardly fair to include in the same category men with slight scratches and those seriously injured.

For the last few weeks our regiment has suffered from illness, though less so than many which are encamped near us. Almost every case assumes a typhoid type. This is partly to be attributed to the fact that the men had lived in very close quarters on shipboard for many weeks prior to their landing, subsisting on salt meat, and were ready to receive any morbid impression. One company (Co. C) did not go ashore for more than two months—not landing at Roanoke—and remaining on ship from the time of their leaving Annapolis till their arrival here. The sick list at surgeon's call is fortunately diminishing now, and we hope soon to present a decided improvement.

This month I made my first requisition for medicine, not having drawn any since leaving Boston. In the hospital I have endeavored to treat the majority of cases more by attention to diet and cleanliness than by medication.

I am now Acting Brigade Surgeon, and the care of the regiment falls upon Dr. Curtis, who is most faithful in the performance of his duties. I remain yours very sincerely,

SAMUEL A. GREEN,

Surgeon 24th Reg't Mass. Vols.

To the Surgeon-General.

FORTRESS MONROE, May 7th, 1862.

DEAR SIR,—I have but a moment to write to inform you that on Monday, by "the first boat to Yorktown," Dr. Bronson and my assistant and self went to that famed city; and let me assure you that no man could visit it now without approving the skill and wisdom of Gen. McClellan in pursuing *his own method* in conducting the war. We passed twenty hours there in the rain and mud, and while taking tea with the 15th Mass. regiment they received orders to "*March*;" in ten minutes Major Kimball, commanding, was in his saddle, and in ten more the regiment was in line and on its way—the rain pouring down in torrents. That afternoon and night 50,000 men moved on to Williamsburg, and the result of Sunday, Monday and Tuesday's work you know from the papers.

Yesterday morning, as nearly the whole army was going onward, we returned for new orders from Dr. Cuyler—having on board Col. Tristram Burgess, one of Gen. McClellan's aids, wounded in the thigh Monday night. Dr. Bronson and myself gave him care on the voyage, and now he is in the Hygeia Hospital, doing well. This morning Dr. Cuyler received a despatch from McClellan's headquarters, now at Williamsburg, saying that they had 1000 rebel wounded prisoners, picked up in the trenches at Williamsburg, and in a few moments we (thirty special surgeons) sail and report at McClellan's headquarters for immediate service. President Lincoln, Sec. Stanton and Sec. Chase

have just passed into the Fort, and street rumor says the President is to lead the army to Richmond. Events move fast, and I will write you again soon. I have not seen Dr. Cabot and his corps.

Very truly your ob't serv't, ALFRED HITCHCOCK.

To the Surg.-General. { SURGEON'S QUARTERS, 1ST MASS. CAVALRY,
Beaufort, S. C., April 24th, 1862.

DEAR SIR,—The health of our men is good. My sick report this morning shows 16 men in quarters, 11 in hospital, and of this number 20 might be returned to duty in case of an attack. They are suffering mostly from diarrhoea, and I have always thought it prudent to send them promptly to their quarters or the hospital, while in reality they were generally able to do duty if necessity required. In this way I have sometimes shown a sick report more than respectable in size, but the result has been I have had no severe cases. There are two reasons why the 1st Mass. Cavalry acclimates so well in this southern country, and suffers so little from disease. The men were recruited with great care, and are all strong and vigorous. Again, every officer, from the Colonel to the Orderly, is vigilant in looking after everything that can affect the health of the men; their quarters, their persons, the kitchens, are inspected daily, and neglect to observe a scrupulous cleanliness in all is promptly punished. We are surrounded by many influences potent in producing a low form of disease. The Michigan 8th, in camp near us, have lost 30 men dead from typhoid fever in fifty days. I only speak of this, because we sometimes hear that our friends in Boston scold about the severe discipline of the regiment. Would they be happy if they knew that this discipline, more than anything else, was protecting their soldiers from the ravages of disease?

Yours, &c.

OSCAR C. DEWOLF.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 15, 1862.

WE have received two reports of the condition of Military Hospitals at Grafton, Va., and Cumberland, Md., published by permission, and entitled "Sanitary Commission, No. 41." Any one who has read these reports will not be surprised at the fact conveyed in the last three words in the title-page. Truly, it must have been a matter of some deliberation, and not to be done inconsiderately, the publication to the world of such an infamous, disgusting, every way outrageous and exasperating exposition of official neglect, stupidity and ignorance as are enclosed within these forty pages. It is matter of congratulation that the work of publication was entrusted to the Sanitary Commission, who have done it with their usual honesty, and have had the courage to print the plain truth. It must do much good. The country would probably have remained in ignorance of the results of the inspection, ordered by the General commanding the Department of Western Virginia, were it not for this organization. It is a subject for public congratulation that the reports before us were made by the efficient officer who has recently been honored by the appointment of Surgeon-

General of the United States, Dr. William A. Hammond. The modest title affixed to his name in these reports, that of Assistant Surgeon U. S. A., indicates that his promotion was based upon merit rather than personal influence or seniority; and the pages before us show that he is eminently fit for the responsible post to which he has been assigned. We could not have believed, were it not for the multitude of details, which cover these pages, that at the present time, or rather so recently as two months since, after all that has been said in the medical and daily press on the vital importance of attending in the most rigid manner to hygienic rules in the camps and hospitals of our troops, that such wholesale neglect could have still existed. Filth, overcrowding, insufficiency of supplies of all kinds, responsible duties in incompetent hands, are the constantly-repeated features which make up this report. We will quote a few passages from its pages, although it is difficult to make extracts where almost every paragraph contains an abominable fact.

The first regiment inspected was the Ohio 55th, stationed at Grafton, Va., where it had been something less than a month. After describing the filthy condition of the camp and its faulty arrangements, attributed by Dr. Hammond in a great degree to the principal officers not sharing with their men the hardships of the camp, but occupying comfortable quarters in dwelling-houses apart, he says the surgeon was absent, sick, and the whole care came upon the assistant.

The measles appeared in this regiment on the 13th of February. At that time 165 men of the command had never had that disease; of this number, 100 have since had it. The probability is, that unless something is done to arrest its progress, the remaining 65 will have it. There has also been a good deal of other sickness, consisting principally of chest affections, diarrhoea and dysentery. At present, there are, as near as can be ascertained, 120 sick; which, in a force of 950 men, is excessive. . . . The men would be comfortable, but for the fact of the lamentable deficiency of bedding. There are bunks, badly made, and straw alone. No bed-sacks, nor any other articles of bedding, have been received from the United States, except 40 blankets.

House A has four rooms occupied by the sick. One is $8 \times 12 \times 7 = 672$ cubic feet, about half the quantity of space requisite for one patient, and yet there are *eight men* in this horrible den; each man has, therefore, *eighty-four cubic feet* of space. Can it be wondered that men die of measles (a proverbially mild disease) when crowded in this manner? The stench from this room was sickening. There were but two windows, and they were closed. . . . The following table, showing the proper capacity of the whole house, speaks for itself:—

	Capacity in cubic feet.	Present number of patients.	Proper number of patients.
1 Room - - - - -	672	8	$\frac{1}{2}$
1 " - - - - -	840	6	$\frac{2}{3}$
1 " - - - - -	840	4	$\frac{3}{4}$
1 " - - - - -	1,575	6	$1\frac{1}{2}$
Total - - - - -	3,927	24	$3\frac{1}{2}$

Throughout the entire building, as an average, the patients have but about one hundred and sixty-three cubic feet of space each.

Of course it is not surprising that there had been ten deaths in the regiment during the short period they have been in this camp, all of which might, probably, have been prevented by proper attention to the laws of health. The whole space occupied by this camp was 30,000 square yards, and the population of it was at the rate of 1,000,000 to the square mile, more dense by five fold than the densest

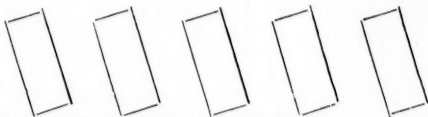
and most degraded parts of London! This report concludes with excellent suggestions for remedying the existing evils.

The second report, on the Hospitals at Cumberland, is more full, as the field for inspection was larger; but it tells the same story of neglect and incompetency. We have not space for the details which we should like to quote—they are absolutely sickening. Suffice it to say, that instead of from 1,200 to 1,500 cubic feet of air for each man, in some of the hospital rooms there was less than 150 feet for each! The average proportion seems to have been less than 500 feet, and the largest amount, in a single instance, was 990 feet. Of one of the apartments occupied by a male nurse, the inspector says it "is worse than a pig-stye." We can well agree with him when he declares

I do not hesitate to say, that such a condition of affairs *does not exist in any other hospital in the civilized world*; and that this hospital is altogether worse than any which were such *opprobria* to the allies in the Crimean war.

Among the remedial measures suggested is an excellent plan for hospital huts, thirteen of which at \$1,000 would cost less than the money value of thirty soldiers to the United States. It is proposed that they should be—

Each 150 by 30 feet, ten feet high at the eaves, and unceiled. Each would, therefore, have over 70,000 cubic feet, if the roof, which it should be, is sufficiently high pitched. They should be ventilated at the sides and ends by windows, and at the top by ridge ventilation. Thirteen would, I think, be sufficient; ten for patients, one for offices, &c., and two for kitchens. The three latter need not be so large as the former, and might be differently arranged. These huts should be so placed that the wind, no matter from what quarter it should blow, would circulate freely around them. This would be accomplished by placing them *en echelon* thus:—



I think accommodation for 500 would be sufficient.

Much as we regret the exposures which these reports contain, it is satisfactory to know that they are the first step towards improvement.

HOMŒOPATHY, ITS PRINCIPLES AND PRACTICE.—Dr. William Roberts, of Manchester, England, was recently led to make some investigations relative to homœopathic practice in that town, the results of which he has embodied in a pamphlet of 84 pages. It appears that the homœopathic practitioners of Manchester do not practise what they preach; that, in other words, they are in the habit of prescribing many of the more powerful drugs in their legitimate doses, disguising their prescriptions so as to effectually deceive ordinary druggists, by which powerful medicines are given without the possibility of detection by the patient. In fifty-three out of the sixty-seven so-called homœopathic prescriptions he took the pains to collect, the amounts ordered are palpable quantities, if not full ordinary doses. In the case of a young man with epilepsy, to which he alludes, he discovered that the medicine administered to the patient, who imagined himself much benefited by the homœopathic treatment, was the phosphate of zinc, in three grain doses, three times a day.

NEW YORK STATE MEDICAL SOCIETY.—The annual address before the Medical Society, together with the Legislature, of the State of New York, was delivered in the Capitol at Albany, February 6th, by the President, Dr. Edward H. Parker. The subject of the address was the essential dignity of the medical profession, a subject well chosen for such an occasion, and treated with ability and good taste, evincing a high appreciation of the calling and responsibilities of the physician. Dr. Parker is a native of Massachusetts, and has earned by his talents and industry an honorable distinction in the profession of his adopted State.

LONG ISLAND COLLEGE HOSPITAL.—During the month of April, 1862, there were 575 patients treated in the Out-door and In-door Departments of the Hospital. Of this number, 338 were medical cases, 176 were surgical, and 61 were diseases of women. In the treatment of these cases, 953 prescriptions were dispensed in the establishment. The following is a correct classification of the diseases under treatment, but in order to avoid prolixity it is somewhat *generic*, as all the diseases incident to this latitude are represented, and their specific enumeration would be tedious, and would occupy a large amount of space.

	Cases.		Cases.
Diseases of the nervous system,	9	Ulcers (5), wounds (10), contusions (7),	22
Of the digestive organs,	74	Burns (4), scald (1),	5
Genito-urinary organs,	23	Tumors,	4
Lungs,	87	Hernia, epulis, prolapsus ani,	
Heart,	4	fistula in ano, nevus, ganglion, of each 1,	6
Throat,	17	Intestinal worms,	5
Skin,	38	Enlarged glands (4), foreign bodies (4),	8
General system,	19	Teeth extracted,	32
Bones and joints,	10	Vaccinations,	37
Eye,	11	Unclassified, minor, &c.,	44
Ear,	5		
Fevers,	19	Total,	514
Rheumatism,	14		
Fractures	11		
Abscesses (11), felons (3),	14		

Of the 61 diseases of women, the following is a specific classification, furnished by Prof. E. N. Chapman:—

	Cases.		Cases.
Ulceration of os uteri,	9	Ovarian dropsy,	2
Congestion “ “	2	Debility from lactation,	4
Prolapsus uteri,	4	Abscess of breast,	2
Prolapsus vesicæ,	3	Vascular tumor of urethra,	1
Anteversion of uterus,	1	Change of life,	2
Retroflexion “	1	Vaginitis,	1
Procidentia “	1	Accouchement,	1
Narrowing of cervical canal,	1	Unenumerated, &c.,	5
Cancer of uterus,	1		
Fibrous tumor of uterus,	1	Total,	61
Amenorrhœa,	9	To which add	514
Menorrhagia,	3		
Anæmia,	7	Making a total of	575

WILLIAM GILFILLAN, M.D., Sec. to the Faculty of the Hospital.

NEW YORK OPHTHALMIC HOSPITAL.—The Directors of this Institution have removed their Hospital from No. 63 Third Avenue to

the former mansion of Peter Cooper, Esq., 387 Fourth Avenue, corner of 28th Street. The building has been thoroughly repaired and fitted for the accommodation of patients, who can have all the comforts of home. The charge for board is \$3.50 per week, payable in advance. To the poor the services of the attending surgeons are gratuitous. The Hospital is admirably located in a healthy neighborhood, near the terminus of the Eastern and Northern railroads. It is also in the immediate vicinity of all the medical colleges, giving the profession and students of medicine an opportunity of witnessing operations upon the eye. The attending surgeons are Mark Stephenson, M.D., John P. Garrish, M.D., and Marcus P. Stephenson, M.D. The consulting surgeons are Prof. Valentine Mott, M.D., and D. L. Rogers, M.D. Peter Cooper, Esq., is the President of the Association, which was founded in 1852, and has treated over 10,000 patients since its organization.

ENGLISH HOSPITALS.—In an interesting paper upon the subject of English Hospitals, by Dr. Le Fort, the author passes a very high eulogium upon their management, in respect to the cleanliness and neatness of the wards, and especially approves the absence of curtains between the beds, which, when employed in French hospitals, tend both to encircle the patient in a vitiated atmosphere and to impede the general circulation of fresh air. In conclusion, Dr. Le Fort asserts, says the correspondent of the *Medical Times and Gazette*, "that the hygienic conditions of the English hospitals are, upon nearly all points, superior to those of the French, and he considers that this pre-eminence is due, chiefly to the scrupulous observance of innumerable precautions which, considered separately, are insignificant, but when united, acquire a vast importance, and that amongst these, the plan of treatment adopted, embracing, as it does, abundant nourishment, wine, and opiates for persons operated on, is entitled to a share of consideration. To those who may be disposed to contradict his opinion, he says, 'If there be any physiological or morbid state in which the comparison will be practicable and fair, and in which, in fine, the influence of the hygienic conditions of an hospital can be best felt, it is the puerperal state. Well, then, in one of the London hospitals, Guy's Hospital, during a period of seven years, and out of a total number of 11,998 labors, one woman died in 331; whilst during the last ten years, at the Maternity Hospital in Paris, one died in thirteen.'"

IODIDE OF AMMONIUM IN SYPHILIS.—Gamberini employs iodide of ammonium in the treatment of syphilis. According to him its action is rapid and certain in all cases where iodide of potassium is indicated, to which it is superior as being quicker in its action, and in requiring to be given in smaller doses. The forms of the disease in which the remedy was found useful were consecutive hardenings, the remains of indurated chancres, indurated glands, arthralgia, periostitic affections. In the cases of muscular and articular pains of syphilitic origin, Gamberini employs the iodide of ammonium in the form of a liniment, consisting of fifteen grains in an ounce of olive oil. Intolerance of the remedy is indicated by a feeling of burning in the throat and stomach, which, however, disappears when the medicine has been discontinued for a day or two.—*Edinburgh Med. Journal* from *Bullet. delle scienze mediche*, and *Prag. Vierteljahrschrift*, 1862.

ARMY MEDICAL APPOINTMENTS.—The Governor of Ohio has made the following surgical appointments:—Dr. E. S. Muscroft, surgeon to the 9th regiment; Dr. James T. Webb, Surgeon's Mate to the 2d; Dr. C. R. Greenleaf, do. do. to the 5th; Dr. F. W. Ames, do. do. to the 6th; Dr. S. Sexton, do. do., regiment unknown.

The following surgeons have volunteered to go to Yorktown, if necessary, at the call of the Secretary of War, through Governor Buckingham, of Connecticut:—Drs. P. A. Jewett, L. G. Hubbard, T. B. Townsend, C. A. Lindsley, L. J. Sanford and W. B. Casey, New Haven; R. G. Rockwell, of Waterbury; Robert Hubbard, of Bridgeport; D. S. Burr, of Westport; R. C. McEwen, of Stratford; R. McLord, of New London. There are several others, from different portions of the State, who have reported to the Governor.

Samuel Lamson Gould, M.D., has been appointed Acting Assistant Surgeon in the Navy, and ordered to Report to Com. Paulding.

THE number of deaths in the city of Providence, R. I., during the month of April, 1862, was 56—being 26 less than in April, 1861, and about the same number less than the average of deaths in April for the last six years. There were 14 deaths by consumption during the last month, 17 were under 5 years of age, and 2 between 80 and 90.

THE Annual Meeting of the Illinois State Medical Society has been postponed the present year, on account of so many of the officers and active members being engaged as surgeons in different divisions of the Army.

DEATH OF DR. J. B. BROWN.—We have just learned, with much pain, of the death of Dr. J. B. Brown, of this city, which took place at his residence in Joy Street, this morning, May 14th.

A MEETING of the Censors of the Massachusetts Medical Society for Suffolk District and the Society at large, will be held at No. 15 Arlington Street, on Thursday, May 22d, at 4 o'clock, P.M.

HENRY W. WILLIAMS,
Chairman.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 10TH, 1862.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	34	36	70
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	37.6	36.3	73.9
Average corrected to increased population,	82.50
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
11	0	2	7	5	0	1	1	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College—For the week ending April 26th.

Mean height of Barometer,	29.975	Highest point of Thermometer,	65.0
Highest point of Barometer,	30.338	Lowest point of Thermometer,	28.0
Lowest point of Barometer,	29.564	General direction of Wind,	W.N.W.
Mean Temperature,	45.2	Am't of Rain (Inches),	1.03

COMMUNICATIONS RECEIVED.—Letter from Surgeon Jas. H. Thompson, 12th Maine Regiment.

DIED.—In this city, 14th inst., John B. Brown, M.D., 77.

DEATHS IN BOSTON for the week ending Saturday noon, May 10th, 70. Males, 34—Females, 36.—Abscess, 1—accident, 2—apoplexy, 1—disease of the brain, 5—inflammation of the brain, 1—bronchitis, 4—cancer, 1—consumption, 11—convulsions, 4—croup, 2—dropsy, 1—dropsy of the brain, 4—dysentery, 1—epilepsy, 1—scarlet fever, 7—typhoid fever, 1—disease of the heart, 3—infantile disease, 2—inflammation of the lungs, 5—marasmus, 2—measles, 1—old age, 1—paralysis, 1—pleurisy, 1—premature birth, 1—puerperal disease, 1—rheumatism, 1—scrofula, 1—teething, 1—unknown, 2.
Under 5 years of age, 35—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 6—above 60 years, 7. Born in the United States, 50—Ireland, 11—other places, 9.